

# City of Milwaukee Employment Application for Engineering Technician IV – Construction

Department of Employee Relations City Hall, Room 706 200 East Wells Street Milwaukee WI 53202-3554 414-286-3751 TTD 414-286-2960 www.milwauke.gov/der

#### **INSTRUCTIONS TO APPLICANT- Please:**

- 1. Use a typewriter or print answers in black ink.
- 2. Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
- Date and sign this page.
- 4. Print your Last Name in the left margin.
- Leave shaded areas blank.

  5. Keep a copy of completed application materials for your files.

  ANY FORMAT MODIFICATION MADE TO THIS DOCUMENT WILL RESULT IN IMMEDIATE REJECTION

Last Name		First			Middle Initial
Address	Apt. #				
City		State		Zip	Code
Day phone:	( ) -		Evening phone: (	)	<del></del>
Email Address:					
Social Security Nu	mber				
Due to limitations on emp	loyment of relatives, list t	he names and exact rela	tionships of any relatives wh	no are City of	Milwaukee employees:
List any licenses, reg that are related to the	•	• •	ss, such as Driver's, N	ursing or P	rofessional Engineer,
that are related to the	•	• •	ss, such as Driver's, N		Professional Engineer,
that are related to the	e job you are applyi	ng for:	TYPE		
that are related to the	E job you are applying ER (if any) EY employed by the	ng for:	TYPE	NUME	BER (if any)
TYPE NUMB  If you are PRESENT  POSITION TITLE  If you have ever bee	ER (if any)  EX (if any)  EY employed by the DEPAR or convicted of an of your birthdate on page 1.5 p. 1.5	e City of Milwaukee,  RTMENT fense other than mir	TYPE list the following:	NUME R FROM st details be	BER (if any)  (MO./YR.) TO (MO./YR.) If you list
TYPE NUMB  If you are PRESENT  POSITION TITLE  If you have ever bee convictions, provide	ER (if any)  EX (if any)  EY employed by the DEPAR or convicted of an of your birthdate on page 1.5 p. 1.5	e City of Milwaukee,  RTMENT fense other than mir	TYPE list the following:  PENSION NUMBER nor traffic violations, lis	NUME R FROM et details be riction verifi	BER (if any)  (MO./YR.) TO (MO./YR.)  elow. If you list ication only. Use
TYPE NUMB  If you are PRESENT  POSITION TITLE  If you have ever bee convictions, provide separate sheet if necessions.	ER (if any)  ER (if any)  DEPARE OF THE CONTROL OF	e City of Milwaukee,  RTMENT fense other than mirage 9. Your birthdate	TYPE list the following:  PENSION NUMBER nor traffic violations, lise will be used for conv	NUME R FROM et details be riction verifi	BER (if any)  (MO./YR.) TO (MO./YR.)  elow. If you list

#### **READ CAREFULLY BEFORE SIGNING**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE: DATE:	

#### MINIMUM REQUIREMENTS

IMPORTANT: Do you meet **ALL** of the following requirements? ☐ **Yes** ☐ **No** 

If No, your application will <u>not</u> be accepted for this particular opening, please watch for other opportunities at <u>www.milwaukee.gov/der</u>

#### ■ MINIMUM REQUIREMENTS:

- 1. A minimum of five years of experience in field engineering performing duties related to those stated in the "Essential Functions" section above, at least one year of which must have been at the Engineering Technician II or Engineering Drafting Technician II level.
- 2.Current status and a minimum of six months of experience immediately preceding the date of this examination as regularly appointed employee of the City of Milwaukee at the level of Engineering Technician II, Engineering Drafting Technician II, Inspection Specialist, Public Works Inspector I or II or any combination thereof.

**Note:** College-level engineering courses from a school accredited by ABET or approved by the Department of Employee Relations for which an average grade equivalent of "C" was earned may be substituted for up to a maximum of three years of the required experience. Substitution will be made on the basis of five credits = three months of experience, and no substitution will be made for less than five credits. IF SUBSTITUTION IS TO BE MADE, TRANSCRIPTS OR GRADE REPORTS MUST ACCOMPANY THIS APPLICATION, or be sent immediately to Jason Stenglein at the address below. Regardless of any substitution noted above, all candidates must have had at least one year of experience at the level of Engineering Technician II or Engineering Drafting Technician II.

- 3. Valid driver's license at time of appointment and throughout employment
- 4. Knowledge of CADD and microcomputers is desirable.

## **EMPLOYMENT INFORMATION**

		<del></del>		
Are you legally authorized to work for <i>any</i> employer within the United States? ☐ Yes ☐ No				
There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No				
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):				
If you are □ PRESENTLY or were □ PREVIOUSLY employed by the City of Milwaukee, list the following:				
POSITION TITLE	DEPAR	TMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)
If you have ever been convicted of an offense other than minor traffic violations, list details below. If you list convictions, provide your birthdate on page 9. Your birthdate will be used for conviction verification only. Use separate sheet if necessary:				
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
NOTE: Convictions are no Convictions not reported n		•		tion to the job for which you applied.

EDUCATION	AND TRAINING	
Circle the highest grade completed in High School: 1 2 3 4	5 6 7 8 9 10 11 12	
Did you graduate from High School? ☐ Yes ☐ No If Yes, Name ar	nd Location of High School	
Have you passed a high school equivalency or G.E.D. Test?	es □ No	
Training beyond high school (college or university, nursing, busine		have received). Under credits
earned, indicate Q for quarter hours or S for semester hours.	or conege, minus, or care, training year	
Name and Location Dates Attended C	Credits Major and Minor Earned Fields of Study	Type of Degree Date Completed
Additional coursework, training programs, or professional seminars courses required for above degrees.	s completed which may be relevant to th	is position. Do not list
Title Sponsoring Organiz	zation/ Dates Attend	ded Credits
Academic Institut	ion	
FMPI OYM	ENT HISTORY	
Begin with current or most recent employment and work ba		neet ton voors, including
periods of unemployment. In addition, list any other paid of the space is needed see following page.		
Current or Last Employer		
	From: T month/year	o: month/year
Address	Попшуеа	month/year
	Salary/Wage: \$	per
Your Title	☐ Full time ☐ Part time Hours per w	/eek:
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:	I	

Employer	From:To:
	From:To: Month/year month/year
Address	Salary/Wage: \$ per
Your Title	☐ Full time ☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	
Employer	From:To: Month/year month/year
Address	Salary/Wage: \$ per
Your Title	☐ Full time ☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	<u> </u>

	<b>1</b>
Employer	
	From: To: Month/year month/year
	Month/year month/year
Address	
	Salary/Wage: \$ per
Your Title	☐ Full time
Tour Title	☐ Part time Hours per week:
	- 1 dit time Tiours per week
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	
	<del>-</del>
Employer	
	From: To: Month/year month/year
	Month/year month/year
Address	
	Salary/Wage: \$ per
Your Title	□ Full time
Tour Title	
	□ Part time Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	
, ,	

If more space is needed please make additional copies of this page or attach additional sheets.

Please list the particular coursework you have taken and the location where the coursework was completed in:
1. Spreadsheet (Excel, Quattro Pro, Etc):
2. CAD:
3. Word Processing:
4. Keyboarding Skills:
In the following section describe your specific experiences in each of the following areas. For each experience described, identify the employer where this experience was gained and the number of years of experience:
Experience leading survey crews whose responsibility was to establish survey lines in various environments:
Experience operating survey instruments and training of others to use the same equipment:
Experience measuring certificate quantities and presenting them in spreadsheet format:

Experience performing survey calculations:
Experience preparing paving designs for streets and alleys:
Experience measuring removals on paving jobs and working with obstruction lists:

If more space is needed please make additional copies of this page or attach additional sheets.

Experience performing sewer and water surveys:
Experience working with "as-built" measurements for sewer projects:
Describe any other education or experience not covered previously which you think qualifies you for this position:

If more space is needed please make additional copies of this page or attach additional sheets.

**COMPUTER EXPERIENCE** Please specify computer software products with which you have gained on-the-job experience, give a self-assessment of your skill level, briefly describe your experience (what you used the product for), and estimate approximate amount of experience.

WORD PROCESSING, specify each product name (e.g., MS Word 2000):				
Product: □ basic □ interme	ediate  advanced			
Product: □ basic □ interme  Product: □ basic □ interme  Product: □ basic □ interme	diate  advanced			
Years of Experience	advanced			
BRIEF DESCRIPTION OF EXPERIENCE:				
SPREADSHEET, specify each product name (e.g., MS	Excel 2000):			
Product: □ basic □ interme Product: □ basic □ interme	diate 🗆 advanced			
Product: ☐ basic ☐ interme Product: ☐ basic ☐ interme	diate advanced			
Years of Experience				
BRIEF DESCRIPTION OF EXPERIENCE:				
DATA BASE, specify each product name (e.g., MS Ac	ccess 2000):			
Product: □ basic □ interme	ediate  advanced			
Product: □ basic □ interme  Product: □ basic □ interme  Product: □ basic □ interme	ediate  advanced			
Years of Experience BRIEF DESCRIPTION OF EXPERIENCE:				
BREEF BEBORN TION OF EM ENDENCE.				
OTHER, specify product name (e.g., WINDOWS 2000, MS PowerPo	int 2000 SAS SPSS etc.):			
Product: □ basic □ interme	diate advanced			
Product: □ basic □ interme Product: □ basic □ interme	ediate  advanced			
Years of Experience				
BRIEF DESCRIPTION OF EXPERIENCE:				
BRID BESCRII HOW OF EATERIENCE.				

### **TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special a	accommodations during the examination process?
Yes	No
If yes, what kind of accommo	odations will you need?
	_ A signer
	_ A reader
	_ Extra time
	Other (Please describe)
Comments:	
SIGNATURE:	DATE:
review and evaluation on a c	lations may be granted by the Department of Employee Relations only after ase by case basis. Factors considered will include the nature of the age, skills and abilities required for the job.

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

## **City of Milwaukee**Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLE	EASE PRINT OR TYPE		
1.	Name:LAST	FIRST	MIDDLE
2.	Position Applied for: Engineering Technician	IV—Construction	
	Recruiting information: How did you FIRST had.   Milwaukee Journal Sentinel B.   Other Newspaper (please specify) C.   City Hall Posting D.   Library Posting E.   Community Agency Posting (please specify)   Community Agency Posting (plea	pecify) specify) ployee	
2.	Sex (please check one): MALE	FEMALE	
3.	Race (please check one):  Black/African American (not of Hispanic of Hispanic/Chicano/Puerto Rican/Mexican/Companic/Chicano/Puerto Rican/Mexican/Companic/Chicano/Puerto Rican/Mexican/Companic/Chicano/Puerto Rican/Mexican/Poerto Rican/Mexican/Poerto Rican/Poerto Rican/Pacific Islander/Far Easte Korea, Philippine Islands, Samoa)	Cuban/Central or South American	ın (i.e., China, Japan,
4.	List any languages, other than English, whic	h you speak FLUENTLY:	
5.	If you have listed offenses (see page 2), proconviction verification only.	vide birthdate Your birthdate	will be used for
6.	Certain Federal grant positions may require following if you are currently living in a City of I live in the		ase complete the Development.
The	e above-completed information is true to the best	of my knowledge.	
SIGN	NATURE	DATE	